

**These charges are only allegations which  
may be contested by the licensee in an  
Administrative hearing.**

NEW YORK STATE DEPARTMENT OF HEALTH  
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER  
OF  
DELYS ST. HILL, M.D.

STATEMENT  
OF  
CHARGE

DELYS ST. HILL, M.D., the Respondent, was authorized to practice medicine in New York State on or about July 3, 1989, by the issuance of license number 178853 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. From on or about April 26, 2007 through on or about July 19, 2007, Respondent treated Patient A at her solely owned We Care Medical, P.C. office for alleged injuries reportedly sustained in an April 6, 2007 motor vehicle accident. Patient A's medical care was billed to the New York No-Fault Insurance Program by Respondent. Respondent deviated from medically accepted standards of care in that she:

1. Failed to perform and document an adequate history and physical examination,
2. Ordered and/or performed diagnostic testing that was inconsistent with the documented history and physical and/or was medically unnecessary.
  - a. Respondent did so with intent to deceive.
3. Performed diagnostic testing that was technically flawed and failed to adequately address the result(s) and/or properly repeat the test; or in the alternative,

4. Documented performing diagnostic testing that she did not, in fact, perform.
  - a. Respondent did so with intent to deceive.
5. Ordered excessive treatment and/or supplies not warranted by the patient's condition.
  - a. Respondent did so with intent to deceive.
6. Failed to adequately modify Patient A's treatment and/or plan of care when his condition worsened.
7. Failed to maintain a record that accurately reflects the evaluation of Patient A, and
8. Inappropriately billed for services that were not or were improperly provided.
  - a. Respondent did so with the intent to deceive.

B. From on or about March 21, 2007 through on or about June 19, 2007, Respondent treated Patient B at her solely owned We Care Medical, P.C. office for alleged injuries reportedly sustained in a March 10, 2007 motor vehicle accident. Patient B's medical care was billed to the New York No-Fault Insurance Program by Respondent. Respondent deviated from medically accepted standards of care in that she:

1. Performed diagnostic testing that was inconsistent with the documented history and physical and/or was medically unnecessary.
  - a. Respondent did so with intent to deceive.
2. Performed diagnostic testing that was technically flawed and failed to adequately address the result(s) and/or properly repeat the test; or in the alternative,
3. Documented performing diagnostic testing that she did not, in fact, perform.

- a. Respondent did so with intent to deceive.
- 4. Provided and billed for excessive treatment and/or supplies not warranted by the patient's condition.
  - a. Respondent did so with intent to deceive.
- 5. Failed to adequately modify Patient B's treatment and/or plan of care when his condition worsened,
- 6. Failed to maintain a record that accurately reflects the evaluation of Patient B and
- 7. Inappropriately billed for services that were not or were improperly provided.
  - a. Respondent did so with the intent to deceive.

C. From on or about September 5, 2007 through on or about October 18, 2007, Respondent treated Patient C at her solely owned We Care Medical, P.C. office for alleged injuries respondent sustained in a September 3, 2007 motor vehicle accident. Patient C's care was billed to the New York No-Fault Insurance Program by Respondent. Respondent deviated from medically accepted standards of care in that she:

- 1. Performed diagnostic testing that was inconsistent with the documented history and physical and/or was medically unnecessary,
  - a. Respondent did so with intent to deceive.
- 2. Performed diagnostic testing that was technically flawed and failed to adequately address the result(s) and/or properly repeat the test; or in the alternative,
- 3. Documented performing diagnostic testing that she did not, in fact, perform.
  - a. Respondent did so with intent to deceive.

4. Provided and billed for excessive treatment and/or supplies not warranted by the patient's condition.
  - a. Respondent did so with intent to deceive.
5. Failed to adequately modify Patient C's treatment and/or plan of care when his condition worsened,
6. Failed to maintain a record that accurately reflects the evaluation of Patient C, and
7. Inappropriately billed for services that were not or were improperly provided.
  - a. Respondent did so with the intent to deceive.

D. From on or about January 9, 2007 through on or about October 10, 2007, Respondent treated Patient D at her solely owned We Care Medical, P.C. office for alleged injuries reportedly sustained in a January 2, 2007 motor vehicle accident. Patient D's medical care was billed to the New York No-Fault Insurance Program by Respondent. Respondent deviated from medically accepted standards of care in that she:

1. Performed diagnostic testing that was inconsistent with the documented history and physical and/or was medically unnecessary.
  - a. Respondent did so with intent to deceive.
2. Provided and billed for excessive treatment and/or supplies not warranted by the patient's condition.
  - a. Respondent did so with intent to deceive.
3. Failed to adequately modify Patient D's treatment and/or plan of care when his condition worsened,
4. Failed to maintain a record that accurately reflects the evaluation of Patient D, and

5. Inappropriately billed for services that were not or were improperly provided.
  - a. Respondent did so with the intent to deceive.

E. From on or about January 24, 2007 through on or about ~~the~~ January 21, 2007, Respondent treated Patient E at her solely owned We Care Medical, P.C. office for alleged injuries reportedly sustained in a January 22, 2007 motor vehicle accident. Patient E's medical care was billed to the New York No-Fault Insurance Program by Respondent. Respondent deviated from medically accepted standards of care in that she:

1. Performed diagnostic testing that was inconsistent with the documented history and physical and/or was medically unnecessary.
  - a. Respondent did so with intent to deceive.
2. Performed diagnostic testing and failed adequately address positive electro diagnostic findings and/or clinically follow-up in the care and treatment of Patient E,
3. Performed diagnostic testing that was technically flawed and failed to adequately address the result(s) and/or properly repeat the test; or in the alternative,
4. Documented performing diagnostic testing that she did not, in fact, perform.
  - a. Respondent did so with intent to ~~deceive~~.
5. Provided and billed for excessive treatment and/or supplies not warranted by the patient's condition.
  - a. Respondent did so with intent to deceive.
6. Failed to adequately modify Patient E's treatment and/or plan of care when his condition worsened,

7. Failed to maintain a record that accurately reflects the evaluation of Patient E, and
8. Inappropriately billed for services that were not or were improperly provided.
  - a. Respondent did so with the intent to deceive.

F. From on or about January 24, 2007 through [REDACTED] about August 15, 2007, Respondent treated Patient F at her solely owned We Care Medical, P.C. office for alleged injuries reportedly sustained in a January 22, 2007 motor vehicle accident. Patient F's medical care was billed to the New York No-Fault Insurance Program by Respondent. Respondent deviated from medically accepted standards of care in that she:

1. Performed diagnostic testing that was inconsistent with the documented history and physical and/or was medically unnecessary.
  - a. Respondent did so with intent to deceive.
2. Performed diagnostic testing that was technically flawed and failed to adequately address the result(s) and/or properly repeat the test; or in the alternative,
3. Documented performing diagnostic testing that she did not, in fact, perform.
  - a. Respondent did so with intent to deceive.
4. Provided and billed for excessive treatment and/or supplies not warranted by the patient's condition.
  - a. Respondent did so with intent to deceive.
5. Failed to adequately modify Patient F's treatment and/or plan when his condition worsened,
6. Failed to maintain a record that accurately reflects the evaluation of Patient F and

7. Inappropriately billed for services that were not or were improperly provided.

- a. Respondent did so with intent to deceive.

G. From on or about December 12, 2006 ~~through~~ on or about June 5, 2007, Respondent treated Patient G at her solely owned We Care Medical, P.C. office for alleged injuries reportedly sustained in a December 8, 2006 motor vehicle accident. Patient G's medical care was billed to the New York No-Fault Insurance Program by Respondent. Respondent deviated from medically accepted standards of care in that she:

1. Provided and billed for diagnostic testing that was inconsistent with the documented history and physical and/or was medically unnecessary.
  - a. Respondent did so with intent to deceive.
2. Performed diagnostic testing that was technically flawed and failed to adequately address the result(s) and/or properly repeat the test; or in the alternative,
3. Documented performing diagnostic testing that she did not, in fact, perform.
  - a. Respondent did so with intent to deceive.
4. Provided and billed for excessive treatment and/or supplies not warranted by the patient's condition.
  - a. Respondent did so with intent to ~~deceive~~.
5. Failed to adequately modify Patient G's treatment and/or plan of care when his condition worsened,
6. Failed to maintain a record that accurately reflects the evaluation of Patient G and
7. Inappropriately billed for services that were not or were improperly provided.

a. Respondent did so with intent to deceive.

**SPECIFICATION OF CHARGES**

**FIRST SPECIFICATION**

**NEGLIGENCE ON MORE THAN ONE OCCASION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of:

1. Paragraphs A, A(1), A(3), A(6), A(7), B, B(2), B(5), B(6), C, C(2), C(5), C(6), D, D(3), D(4), E, E(2), E(3), E(6), E(7), F, F(2), F(5), F(6), G, G(2), G(5) and G(6).

**SECOND SPECIFICATION**

**INCOMPETENCE ON MORE THAN ONE OCCASION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(5) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of:

2. Paragraphs A, A(1), A(3), A(6), A(7), B, B(2), B(5), B(6), C, C(2), C(5), C(6), D, D(3), D(4), E, E(2), E(3), E(6), E(7), F, F(2), F(5), F(6), G, G(2), G(5) and G(6).

**THIRD THROUGH NINTH SPECIFICATIONS**

**UNWARRANTED TESTS/TREATMENT**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(35) by ordering of excessive tests, treatment, or use of treatment facilities not warranted by the condition of the patient, as alleged in the facts of:

3. Paragraphs A, A (2) and (5).
4. Paragraphs B, B (1) and (4).
5. Paragraphs C, C (1) and (5).
6. Paragraphs D, D (1) and (2).
7. Paragraphs E, E (1) and (5).
8. Paragraphs F, F (1) and (4).
9. Paragraphs G, G (1) and (4).

TENTH THROUGH SIXTEENTH SPECIFICATIONS

FRAUDULENT PRACTICE

Respondent is charged with committing professional misconduct as defined by N.Y. Educ. Law § 6530(2) by practicing the profession of medicine fraudulently as alleged in the facts of:

10. Paragraphs A, A (2) and (2) (a), A (4) and (4) (a), A (5) and (5) (a) and A (8) and (8) (a).
11. Paragraphs B, B (1) and (1) (a), B (4) and (4) (a) and B (7) and (7) (a).
12. Paragraphs C, C (1) and (1) (a), C (4) and (4) (a), C (5) and (5) (a) and C (8) and (8) (a).

13. Paragraphs D, D (1) and (1) (a), D (2) and (2) (a) and D (5) and (5) (a).
14. Paragraphs E, E (1) and (1) (a), E (4) and (4) (a), E (5) and (5) (a) and E (8) and (8) (a).
15. Paragraphs F, F (1) and (1) (a), F (3) and (3) (a), F (4) and (4) (a) and F (7) and (7) (a).
16. Paragraphs G, G (1) and (1) (a), G (3) and (3) (a), G (4) and (4) (a) and G (7) and (7) (a).

**SEVENTEENTH THROUGH TWENTY-THIRD SPECIFICATIONS**

**FALSE REPORT**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(21) by willfully making or filing a false report, or failing to file a report required by law or by the department of health or the education department, as alleged in the facts of:

17. Paragraphs A, A (2), (4), (5) and (8).
18. Paragraphs B, B (1), (4) and (7).
19. Paragraphs C, C (1), (4), (5) and (8).
20. Paragraphs D, D (1), (2) and (5).
21. Paragraphs E, E (1), (4), (5) and (8).
22. Paragraphs F, F (1), (3), (4) and (7).
23. Paragraphs G, G (1), (3), (4) and (7).

TWENTY-FOURTH THROUGH THIRTIETH SPECIFICATIONS

FAILURE TO MAINTAIN RECORDS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(32) by failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient, as alleged in the facts of:

24. Paragraphs A and A (7).
25. Paragraphs B and B (6).
26. Paragraphs C and C (7).
27. Paragraphs D and D (4).
28. Paragraphs E and E (7).
29. Paragraphs F and F (6).
30. Paragraphs G and G (6).

DATE: August 7, 2015  
New York, New York

  
ROY NEMERSON  
Deputy Counsel  
Bureau of Professional Medical Conduct